

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9700006674**
Entity Name
WATCH UNIVERSE CORP.

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90056 021 ***150.00

Principal Place of Business
700 BAY Drive
Apt 625
MIAMI FL 33141

Mailing Address
900 BAY Drive
APT 625
MIAMI, FL 33141

938730

Principal Place of Business
1 NE 1st Street
Suite, Apt. #, etc.
202
City & State
MIAMI, FL
Zip
33132

3. Mailing Address
900 BAY Dr.
Suite, Apt. #, etc.
625
City & State
MIAMI BEACH, FL
Zip
33141

4. FEI Number
65-0771137
Applied For
Not Applicable

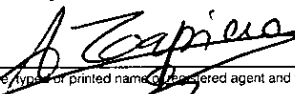
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TAPIERO, JACOB
900 BAY Drive
APT 625
MIAMI FL 33141

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:  DATE: **4/10/00**
Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DP TAPIERO, JACOB 900 BAY Drive Apt 625 MIAMI, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT TAPIERO, ELI 900 BAY Drive, Apt 625 MIAMI, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DS TAPIERO, ANITA 900 BAY Dr #625 MIAMI, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4/10/99** Daytime Phone #: **305-371-5471**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)